

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/573,639; Conf. 9103
		Filing Date	March 28, 2006
		First Named Inventor	Ulrich Schwaneberg
		Title	A PROCESS FOR SEQUENCE SATURATION MUTAGENESIS (SESAM)
		Art Unit	1637
		Examiner Name	Pande, Suchira
		Attorney Docket No.	17074-00007-US

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith. OR <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	23416								
<input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:									
<table border="1" style="width: 100%;"> <thead> <tr> <th>Name</th> <th>Registration Number</th> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Name	Registration Number	Name	Registration Number				
Name	Registration Number	Name	Registration Number						

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:**OR** The address associated with Customer Number:**OR OR**

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country	Telephone	Email	

I am the:

 Applicant/Inventor.**OR** Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Dr. Alexander Schenk</i>	Date	6/18/2010
Name	<i>Dr. Alexander Schenk</i>	Telephone	+49 421 200 3669
Title and Company	SeSam-Biotech GmbH <i>Managing Director</i>		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

<input checked="" type="checkbox"/> *Total of	2	forms are submitted.
---	---	----------------------